Michigan Care Improvement Registry
Site Usage Agreement – Employer Addendum

In addition to the access to the Michigan Care Improvement Registry ("MCIR") described in the Site Usage Agreement, and subject to the limitations on use set forth in that document, an **Employee Roster MCIR Site Administrator may access the Official Immunization Records of an employee in the MCIR for the purpose of verifying vaccination status pursuant to this Addendum if all of the following conditions are met**:

- The Organization obtains the prior written consent from the person whose vaccination status is to be confirmed via MCIR. Prior to obtaining consent, the Organization must inform the person how to access and view their own MCIR records to ensure the person aware of what information the Organization may access.
- The Organization indefinitely retains a copy of the employee's written consent and makes that consent available to MDHHS upon demand.
- The official signing on behalf of the Organization has both authority to approve the review of employee MCIR vaccination records and oversight authority to ensure that employee consent is properly obtained.

Please complete the following information: **PLEASE PRINT or TYPE**

(REQUIRED) MCIR Site ID:		**(REQUIRED) Organization/Practice Name**	
(REQUIRED) Supervising Authority Full Name:		If employer is a Medical Provider: Must provide Physician/Pharmacist/Nurse Practitioner's, License # and Issuing State:	
Authorizing Organization:			
(REQUIRED) Facility Address	Street		
	City	State	Zip Code / County
(REQUIRED) Phone # (include area code)		Organization Email Address:	
(REQUIRED) Site Administrator's Name:			
(REQUIRED) Site Administrator's E-Mail Address:			
(REQUIRED) Supervising Authority Signature: If employer is a Medical Provider must be: Physician/Pharmacist/Nurse Practitioner			**(REQUIRED) Date Signed:**

Send the signed and dated Employer Addendum to MDHHS Division of Immunization at MDHHS-MCIRHelp@michigan.gov or fax 517-763-0370.